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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULKAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

state infor-

PHYSICIANS should

stated EXACTLY.

AGE should be

properly classified.

certificate.

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See instructions on back

important.

TION is very CAUSE OF

19. UNDERTAKER

(Address)

ATH in plain terms, so that it may supplied.

carefully

-WRITE PLAINLY, mation should be

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of OCCUPA

Exact statement

STATE OF MARYLAND	CERTIFICATE OF DEATH 05593	
1. PLACE OF DEATH	(120)	
County Hornerset	Registration Dist. No. 260	
Village or City Near Princess Cure	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Thelma Mae Ball	ard	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemalo 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO. OR DIVORCED (wife the word)	21. DATE OF DEATH May 22 , 193 2 (Year)	
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended decaased from	
6. DATE OF BIRTH (month, day, and yeer) Nov. 13, 1928	I last saw h alive on, 19; death is said	
7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, etm	
3 6 9 1 day,mio.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Ilio Colitis	
SAW MILL, BANK, etc		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:	
(Stata or country)		
13. NAME Dew Gallard 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Onto of What test confirmed diegnosis? Wes there an autopsy?	
15. MAIDEN NAME Lusie Hayward	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city er town) (Stete or country)	Accident, suicide, or homicide?	
17. INFORMANT	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PIECE STRAGE Prove Deta 3/24 1932	Menner of injury	

(Signed) Regulrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

24. Was diseasa er injury in any way related to occupation of deceased?

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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County Willage or City January 19 10 10 10 10 10 10 10 10 10 10 10 10 10	1. PLACE OF DEATH	(92-0)
Length of residence ig only or form where death occurred. 1. Length of residence ig only or form where death occurred. 2. FULL NAME (a) Residence: No. 2. FULL NAME (b) Residence: No. 2. FULL NAME (a) Residence: No. 4. COLOR OR RACE ON DUVORCED Cyman S. ST. 4. COLOR OR RACE S. SINGLE, MARRIED, WIGOWED ON DUVORCED Cyman S. H. Ward 1. DATE OF DEATH S. SINGLE MARRIED, WIGOWED ON DUVORCED Cyman S. H. Ward S. H. Ward 1. DATE OF DEATH 1. DATE O	county domersel	Registration Dist. No. 264
Length of residence in ally or fown where death occurred to the control of the co	Village or City Farmouse	
2. FULL NAME (a) Residence: No. Tary (Lust) place of shock of the part of the		
(d) Residence: No. CUasiplace of shoots PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE S. SINGLE, MARKEE, WIOWED, Organic the words OR PUVOKED Grain the words So. HT married, widowed, or divroged R. Todde, profession, or particular ACC Rest Sommer or particular S. Trade, profession,	Marie Buston	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (print the yord) So. If married, widowed, or divorged by the print the yord) O(N) WIFE of (print the yord) FOR DIVORCED (print the yord) So. If married, widowed, or divorged by the print the yord) O(N) WIFE of (print the yord) So. ATE OF BIRTH (month, day, and year) FOR DIVORCED (print the yord) So. ATE OF BIRTH (month, day, and year) OTHER CALL SO. OF CARTH (month, day, and year) OTHER CALL SO. OF CARTH (month, day, and year) OTHER CALL SO. OF CARTH (month, day, and year) OTHER CALL SO. OF CARTH (month, day, and year) OTHER CALL SO. OF CARTH (month, day, and year) OTHER CALL SO. OF CARTH (month, day, and year) OTHER CALL SO. OF CARTH (month, day, and year) OTHER CALL SO. OF CARTH (month, day, and year) OTHER CALL SO. OF CARTH (month, day, and year) OTHER CALL SO. OF CARTH (month, day, and year) OTHER CALL SO. OF CARTH (month, day,	English V Marie	St., Ward.
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIOWED OR DIVORCED (quirty the yord) 10 Age of divorced of guirty the yord) 10 Age of divorced of guirty the yord) 11 AGE Years 12 AGE Years 13 Days 16 LESS than 1 day		If nonresident give city or town and State
So. If married, withoused, or divipaged the more of the word of th		
HISBAND of (or) WIFE of Country 19.32 A SPINNER, A SPIN	OR DIVORCED (write the word)	Month 29 1937
7. AGE Vears Months Days If LESS than 1 day	HUSBAND of GOOMAN ASSAULT	22. HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at \$30 f_m. The PRINCIPAL CAUSE OF OEATH and related causes of importance were excluding: S. Trade, profession, or particular to the profession, or particular to the profession of work done, as SPINNER, Oyslan Owner, and the profession of work done, as SPINNER, Oyslan Owner, and the profession of work done, as SPINNER, Oyslan Owner, and the profession of work done, as SPINNER, Oyslan Owner, and the profession of work done, as SPINNER, Oyslan Owner, and the profession of the profession of work done, as SPINNER, Oyslan Owner, and the profession of the pro	6. DATE OF BIRTH (month, day, and year) 1898 Feb 28	I last say h. IV alive on Way 29 1,19 5 2 death is sold
S. Trade, profession, or particular New Commence of PilNER, Dupling Commence of Pi	7. AGE Years Months Days If LESS than	
Sind of work done, as SPINNER, Company of the contributory of th	34 3 ormin.	and the fallows !
Other Coutributory Causes of Importance: 12. BIRTHPLACE (city or town)	8. Trade, profession, or particular kind of work done, es SPINNER, Oyster Osenes, SAWYER, BOOKKEPER, etc.	Miliabrisufficience, abox 220
Other Coutributory Causes of Importance: 12. BIRTHPLACE (city or town)	9. Industry or business in which work was done, as SILK MILL, Our parks SAW MILL, BANK, etc.	
Other Coetributory Causes of Importance: Other Causes of Imp		V
(State or country) 13. NAME) Al 4	Other Coutributory Causes of Importance:
What test confirmed diagnosis? Was there as autopsy? Accident, suicide, or homicide? Oate of injury. Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury. Nature of injury. 19. UNDERTAKER Label Was disease or injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury. 19. UNDERTAKER Label Was disease or injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury. 19. UNDERTAKER Label Was disease or injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether inju		Felenia Dunit
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Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBEIC PLACE. (Address) Manner of injury Nature of injury 19. UNDERTAKER (Address) Manner of injury 24. Was disease or injury in any way related to occupetion of deceesed? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBEIC PLACE. (Address) Manner of injury 24. Was disease or injury in any way related to occupetion of deceesed? (Specify city or town, county and State) Specify whether injury occurr? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBEIC PLACE. (Address) Manner of injury (Signed) (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBEIC PLACE. (Specify whether injury occurred In INDUSTRY, in HOME, or in PUBEIC PLACE. (Address) Manner of injury (Signed) (Address) (Address) M. O. (Address)	(State of Country)	What test confirmed diegnosis? Was there en autopsy?
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17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 10. (Address) 11. INFORMANT (Specify city or town, county and State) (Address) Manner of injury Nature of injury (Specify city or town, county and State) (Address) Manner of injury (Specify city or town, county and State) (Address) Manner of injury (Specify city or town, county and State) (Address)		
18. BURIAL, CREMATION, FOR REMOVAL Place House Date June 1932 19. UNDERTAKER Starry Med 1 1 1932 19. UNDERTAKER Manner of injury 24. Was disease or injury in any way related to occupetion of decessed? 16 so, specify 20. FILED June 1 1932 J. C. Starry Med 1 (Signed) M. O. Registrar. (Address) (Address) M. O.	Elizah Boston	(Specify city or town, county and State)
Place Assistance Date August 19.32 Nature of injury 19. UNDERTAKER SLOST PR W Filedisconce (Address) Management (Address) Management (Address) (Signed) (Signed) (Signed) M. O. Registrar. (Address) (Address)		Manage of Jalury
19. UNDERTAKER Hoorge Workship was 24. Was disease or injury in any way related to occupetion of deceased? W. 20. FILED Well, 19.32 Les Steffment (Signed) A Burger M. 0. Registrar. (Address) (Address) (Address)	-1/034 a Ans Ans.	
20. FILED June 1, 19 32 Le Dickinson (Signed) / Day 12 M. O. Registrar. (Address) Crossel of June 1.		24. Was disease or injury in any way related to occupation of deceased? Zuz
Registrar. (Address) (Address)	March 35 HF Neghrason	11/1/2000
	Registrar.	

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Chronic interstitial nephritis N (13)	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
REASAU V. 3-4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustrocateritis	1 year
			4

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(61)		7/-1
	Registration Dist. No	201
No.		St Ward
	itution, give its NAME instead of stre	
ds. How long In U.S. I	f of foralgn birth?yrs	ds.
edell.		
St., Ward.		
	If nonresident give city or to	wn and State
MEDICAL	CERTIFICATE OF DEA	TH
21. DATE OF DEATH		
	(Month) (Day)	(Yaar)
22. I HEREB	Y CERTIFY, That I at	tended deceased from
	, 1937, to many 2 3	
	23 1	
to have occurred on the data sta		2
The PRINCIPAL CAUSE OF DE	ATH and ralated causes of important	ce
wara as follows:	u Cluly	Oate of onset
	u curq	
6/2 mm	u.	
Other Contributory Causes of im		
mol Bu		
Name of oparation	Da	
What tast confirmed diagnosis?_	Was the	ere an autopsy?
	causes (VIOLENCE) fill in also tha fo	
Accidant, suicide, or homicide?_	Oate of injury	
Where did injury occur?	(\$	16
Specify whather injury occurred	(Specify city or town, county a In INDUSTRY, In HOME, or In PUB	LIC PLACE.
Manner of Injury	*********************	
Nature of injury		
24. Was disease or injury In any	way related to occupation of deceas	ed?
If so, specify		
	Chullman	
(Addrass)	masur m	3

Registrar.

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BUY UALUS

State

To be complete, an occupation return must stat	To	be	complete	. an	occupation	return	must	state:
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. E.

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05596

	(23)
ALTER BERFERAT	Registration Dist. No. 265
ilield	No. 335 Documents of Word
where death occurred 24 yrs 5 mos	death occurred in a horpital or institution, give its NAME instead of street and number) 2.7 ds. How long in U.S. if of foreign birth?
// / / / / / / / / / / / / / / / / /	Brown
lot ame verena	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH 7
OR BIVORCED (prite tha word)	May 1 ,1932
o i mana	(Month) (Day) (Year)
	22. HEREBY CERTIFY, That I attended deceased from
0	May 1 , 1932 to May 1 , 1932
Dec. 3,1907	1 last saw h. 1 alive on May 1 1932; death is sald
ths Days If LESS than 1 day,	to have occurred on the data stated abova, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
ER. Coul bealer	
Though wark	Luberaularios of lungs 1/19/32
	f
11. Total time (years) spent in this	V
occupation 7M	
whele und	Other Contributory Causes of Importance:
- + Brough	
eals Island me	Name of operation Date of
	What test confirmed diagnosis? Sautum Parties Was there an autopsy? 719
elew usichs	23. If death was due to external causes (VIOLENCE) fill in also the following:
usfield and	Accident, suicide, or homicide? Data of Injury, 19
	Where did Injury occur?
Brown	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
a General May 5- 1032	Manner of Injury
Date	Nature of Injury
madstur	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify
CECOllins	(Signad) M. A. D. M. D.
Registrar.	(Address)

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Arteriosclerosis	Ton or man	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	ALUN U PERS	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July5,1927	Peritonitis	3 days ago
	Section of the sectio			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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BUREAU V. 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE EC	R FURTHER	STATEMENTS	BY	PHYSICIAN
TENTALITATION	OI ALOM I'V	IL T. CALTITUM	CONTRACTOR TO TO	111	THE POTOTORY

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>(3)</u>
County Homersel	Registration Dist. No. 263
Village or City (sexfield	No. St. Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city of town where death occurred	ds. How long In U.S. if of loreign birth?
2. FULL NAME TRONGS N. Ohr	esky.
(a) Residence: No. Mary land live Gerfiel	of St/ Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH _ M
Make While Massed word)	May 1917 1932
5a. If married, widowed, or divorced HUSBAND of	(Month) (D4y) (Year)
(or) WIFE of Colinabeth Musly,	22. I HEREBY CERTIFY That I attended deceased from
M- intievi	april 26, 19.5 - to JV Log 17, 19.5 -
6. DATE OF BIRTH (month, day, and year)	I last faw harmalive on May 1/5 D 1, 193 2, death is seld
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the date stated above, at the PRINCIPAL CAUSE OF DEATH and related causes of importance
60 G ormin.	were as Iollows:
8. Trade, profession, or particular kind of work done, as SPINNER	Charles Alexander
SAWYER, BOOKKEEPER, elc.	To the things
kind of work done, as SPINNER on took & Shiffey SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this peduration means and	Was a series of the series of
10. Data deceated last worked at this occupation month and 57.3. 11. Total time (years) spend in this occupation occupation.	10 to 10 and 10
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city of town)	Other Charrendry Causes of Importance:
(State or country)	Jacolipio
13. NAME John N. Christy	
13. NAME Johne W. Christy 14. BIRTHERACE (city or lown)	Name of operation Les Dala of
(State of Country)	What lest confirmed diagnosis?
15. MAIDEN NAME & Lay aboth Marshall 16. BIRTHPLACE (city or town)	23. Il death was due lo exiernel causes (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (cily or town)	Accident, suicida, or homicide? Dale of injury, 19
(Slate or country)	Where did injury occur?
17. INFORMANT Charence Christy	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Cristield, Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place Sesselle College Date al 104, 24, 7932	Nature of injury
19. UNDERTAKER D. Danson	24. Was disease on infury in any very clated to occupation of dacaased?
(Addrass) Crispield, Md.	II so, spenty
20. FILED May 21, 132/ CE Colling	(Signed) M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTICICATE OF DEATH

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d) of Adams	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car b A 11 V 2 2 11 11	1 week ago
July 5,1927	Peritonitis	3 days ago
	OSAL A WILL	
	TOTAL STREET	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

1. PLACE OF DEATH		(31)		
County Dominset		Registration Dist. No. 261		
Village or City Master	ro RD.	ND. St. Ward		
		(If death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where de	eath occurredyrs,n	nos. / 4. ds. How long in U.S. if of foreign birth? yrs. mos. ds		
2. FULL NAME News	y Conney			
(a) Residence: No. Ball	mure mod.	St., Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE Cal.	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MY 30 193 2		
	Endnied	(Mopth) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tuck		22. I HEREBY CERTIFY, That t attended deceased from		
Top See a.		- Derd on my wesmoul.		
6. DATE OF BIRTH (month, day, and year)		I last saw herd affection under heater 191 Diegent		
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at		
almit 65 -	I day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8 Trade, profession, or particular	1 0120-20-11111.	Licul Del D New Date of onse		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		myon a retto		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	/	Cumas Himboris		
SAW MILL, BANK, etc.	rev.			
O Date deceased last worked at this occupation (month and	II. Total time (years)	2		
year)/75/	spant In this well by	Other Contributary Causes of Importance:		
12. BIRTHPLACE (city or town)		Other Countries of Importance.		
(State or country)		_ Clime Int reflectes		
13. NAME Joues Com	ey.	Chone mycerbets		
13. NAME Joues Come 14. BIRTHPLACE (city or town) 77. S.		Name of operation		
(State or country)		What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Comanda	meleanos	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
15. MAIDEN NAME (manda 16. BIRTHPLACE (city or town). M.C.:		Accident, suicide, or homicide? Date of injury 19		
(State or country)		Where did injury occur?		
0 - (0	1	(Specify city or town, county and State)		
17. INFORMANT TO COMMO	7	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	1 m	Managediatus		
Pla Dowsonia My	Date May 30 193;	Manner of injury		
0-1 11	111	Nature of mjury		
19. UNDERTAKER Thus	rapsyage	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Creste	elag Ina	(Signed) Grove Coulbrain Will M. [
20. FILED 5/30 , 1957 Clere	lea 1di Jacoson	(Signed) Serry Coulbourn WW M. [
A 100 - A 100	Registrar.	(Address) marin mad		

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	\$ 100 miles	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Cat B NA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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20. FILEO V/2V, 1932 System (Signed) Struck (Address) Program (Address) Program (Address) Program (Signed) System (Signed) Sys

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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributors course of importance		Other contributory causes of immediate	
Other contributory causes of importance:		Other contributory eauses of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

statement RECORD. classified. CT BINDIN E properly FOR MARGIN RESERVED pe be pluods may be carefully

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH pluods County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?______yrs.____mos.__ 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Months Days If LESS then to heve occurred on the dete steted above, et.... 1 day .--- hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance or min. were as follows: Data of onsat 8. Trade, profession, or particular NO kind of work done, es SPINNER, jo SAWYER, BDDKKEEPER, etc ... back OCCUPA work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at 11. Total time (years) spent in this this occupation (month end occupation __ 12. BIRTHPLACE (city or town) Market (Stete or country) OF DEATH in plain terms, FATHER 13. NAME Name of operation__ 14. BIRTHPLACE (city or town). (State or country) Whet test confirmed diegnosis? 20 Was there en autopsy?..... MOTHER 15. MAIDEN NAME important 23. If deeth wes due to external causes (VIDLENCE) fill in etso the following: Accident, suicide, or homicide?______ Date of injury_______ 19_____ 16. BIRTHPLACE (city or town) (State or country Where did Injury occur?___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT plnods very (Address 18. BURIAL Manner of injury is CAUSE Nature of injury TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify ż Registrar. (Address) masson on

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I				
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
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1	1	Die	10	10	10
	U	0	()	1	()

1. PLACE OF DEATH		<u> </u>	/ .	
County Smuss		Registration Dist. No. 26/		
Village or City Malun.		NoSt.,	Ward	
Length of residence in city or town where deeth occurs		f death occurred in a hospital or institution, give its NAME instead of street and n		
Q	1 0 00	, , , , , , , , , , , , , , , , , , ,	G	
2. FULL NAME So	by Jarrell.	N. I		
(a) Itodiactica. Ito.	al place of abode)	St., Ward. If nonresident give city or town and	State	
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH May 22 (Month) (Day)	, 193 2 (Year)	
5a. If married, widowed, or divorced HUSBAND of	14			
(or) WIFE of Sufaul 6 morn	to Cuelha	22. HEREBY CERTIFY, That I attended of the control of the contro		
6. DATE OF BIRTH (month, day, and year)	2 32	I last saw h alive on, 19		
G. DATE OF CIRCLE (MONTH, day, and year)	ys If LESS than	to have occurred on the date stated above, at		
devo Bon.	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
2 8-Trede, profession, or particular	, vi	Tim Organiano,	Date of onset	
8-Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		(Partueto) 6 multo		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. JO. Date deceased last worked at this occupation (month and		Constitution		
10. Date deceased last worked at this occupation (month and year)	Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) In William (State or country)	md	Other Contributary Causes of importance: Totana 2 Baymany 2 mottes		
13. NAME Joseph Jarrell				
13. NAME of arell 14. BIRTHPLACE (city or town).		Name of operation Date of	1	
(State of country)		Whet test confirmed diegnosis? Was there an a	utopsy?	
15. MAIDEN NAME madulinis	linam.	23. If deeth was due to external causes (VIOL ENCE) fill In also the following	:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury	, 19	
∑ (State or country)		Where did injury occur?	•)	
17. INFORMANT ASYL James In	d	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ίĆΕ.	
18. BURIAL, CREMATION, JR REMOVAL Plebe Tome runging to Date	S/24-132	Manner of injury		
19 UNDERTAKER C. Ot Grand	mel	24. Was disease or injury in any way related to occupation of deceased?		
20, FILED 5/W 137 Geneleg	13 Jameson	If so, specify (Signed) Single Couldness.	M. D.	
20. 1120	Registrar.	(Address) musum md		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER ST.	ATEMENTS .	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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BINDIN	
FOR	
RESERVED	
MARGIN	

V. S. No. 1

	County	DEAL	fre		Rs	1		Registration	Dist. No. 2	68
	Village Dr C	dence in city or tow		LAND		(II	ND. f death occurred in a hospital or institu sds. How long In U.S. No			,
2	. FULL NA	VIE -			9	enler	110			
		ce: No.		(United	Polace	of abode)	St., Ward.	If nonresident	t give city or town an	d State
	PERSON	AL AND ST	ATISTI				MEDICAL C		E OF DEATH	o Diago
3, 5	SEX Z	4. COLOR OR R.	ACE	5. SINGLE OR DE	E, MAI VORCI	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	MAY	11,1932	, 193 (Year)
5a.	If merried, wldow HUSBAND of	d, or divorced					22. I HEREBY		V That I allead	
	(or) WIFE of						ZZ. I HEREBI		Y. That I attended	
6. I	DATE OF BIRTH (month, day, and yea	ar) V	NAY 1	1	1932	I last saw h alive on			
7. /	NGE Yea	s Mr	onths	Da	ys	If LESS than	to have occurred on the dete state			
				1	2	ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	'H and related cau:	ses of importance	Date of on
NO	8. Trade, profession, or particular kind of work done, as SPINNER,									
AT	Industry or	BDDKKEEPER, etc.					for for		*********	
OCCUPATIO	Work Was	done, as SILK MIL L, BANK, etc	L,	.=			11/100	you		
20	10. Date decease	d lest worked at ation (month and	_	11.	Total	time (years)				
	year)				065	upation	Diner Cuntributory Causes of Impo	rtance		
	2. BIRTHPLACE (city or town) DEALS ISLAND, MD.				D,	MD.				
12.		tevV a	11	-1		1.				
_	(Stete or coun		7-1	14	n	Jamo				
HER		John	11	14. BIRTHPLACE (city or town) 13 al 1 Mal						
HER	(Stete or coun 13. NAME 14. BIRTHPLACE	Coity or town)	Ba	Lill.	1	1.04	Name of operation		Dete of_	
FATHER	(Stete or coun 13. NAME 14. BIRTHPLACE (State or	(city or town)	13a	4/1	A	1.04.				
FATHER	(State or cound 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NAME)	(city or town)country)	13a	raa	A.	Jones	Name of operation	ses (VIOLENCE) fi	Was there an	autopsy?
MOTHER FATHER	(Stete or count 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NAI 16. BIRTHPLACE	(city or town)——country) ME (city or town)	Ba	A a a a a a a a a a a a a a a a a a a a	ANI	John John John John John John John John	Name of operation	ses (VIOLENCE) fi	Was there an	autopsy?
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MOTHER FATHER	(Stete or coun 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NAI 16. BIRTHPLACE (State or INFORMANT	(city or town) Country) AE (city er town) Country) AAA AAA AAAA	f/	G.	ANI	John John James James	Name of operation	(Specify city of	Was there an ill In also the followin Date of Injury	autopsy? ng: , 19
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MOTHER FATHER	(Stete or coun 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NAI 16. BIRTHPLACE (State or INFORMANT (Address)	(city or town)——country) ME (city er town)—country) A A A S	151 A	G.	en.	Jens	Name of operation	Ses (VIOLENCE) fi	Was there an ill in also the following Date of Injury	autopsy? ig: , 19 sto) LACE.

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Example CEIVE		Example II		
The principal cause of death and related causes of importance were as follows: JUN 0 1932	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstilial nephritis BUREAU	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

-WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	back of certificate.
INT RE	LY.	d. Ex	
RMANE	XACT	classifie	
IS A PE	stated E	properly	ertificate.
SII	be s	pe I	of co
NK-TH	plnods	it max	on back
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WITH UNFADING	fully supplied. A	n plain terms, so t	nt. See instructio
NLY, WITH UNFADING	be carefully supplied. A	SATH in plain terms, so t	mportant. See instructio
PLAINLY, WITH UNFADING	should be carefully supplied. A	OF DEATH in plain terms, so t	FION is very important. See instructions on back of certificate.

1. PLACE OF DEATH County. Cou	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05608
Village or City Length of residence in city or townwhere gish occurred. Length of residence in city or townwhere gish occurred. Lypy mes. 4. How long in U.S. If of foreign birth? Ward. Homoreident give city or town and State FERSONAL AND STATISTICAL PARTICULARS S. SINCLE MARRIED, WINDWED. ON DIVORCES (vanishing with the state of the	1. PLACE OF DEATH	
Village or City Length of residence in city or town where gish occurred. Length of residence in city or town sed State 2. FULL NAME (a) Residence: No. Ward Ward H nonresident give city or town and State FERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. CQLEA QR RACE S. SINCLE MARRIED, WINOWED, ON DIVORCES (care the year) ON DIVORCES (care the year) 1. Imprinte prodowed, or opticular (care the year) 1. Imprinte prodowed,	County Nomersel	Registration Dist. No. 263
(a) Residence: No. Chest feet of St. Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX **COLOR OR RACE** OB LIVORCED (GRAND STATISTICAL PARTICULARS) 3. SEX **COLOR OR RACE** OB LIVORCED (GRAND STATISTICAL PARTICULARS) 5. If married, widowed, or dipfreed (Grand States) **COLOR OR RACE** OB LIVORCED (GRAND STATISTICAL PARTICULARS) 5. If married, widowed, or dipfreed (Grand States) **COLOR OR RACE** OB LIVORCED (GRAND STATISTICAL PARTICULARS) 5. If married, widowed, or dipfreed (Grand States) **COLOR OR RACE** OB LIVORCED (GRAND STATISTICAL PARTICULARS) 5. If married, widowed, or dipfreed (Grand States) 6. DATE OF BIRTH (month, day, and year) 7. AGE** **Color OF BIRTH (month, day, and year) **Color OF BIRTH (month, day, and year) **Color OF BIRTH (month, day, and year) **SAME (Grand States) **SAME (G	Village or City Coresfield	No. St., Ward
(a) Residence: No.	Length of rasidence in city or town where girth occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No.	2. FULL NAME LUMBER & Seeve	8
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLORA OR RACE OR DIVORCED (water the year) OR DIVORCE	Country bo Bra	St Ward
3. SEX A. COLDER OR REACE S. SINGLE, MARRIED, WIDOWED, ON DIVORCED Counter by and of process Country Counter by and of process Country Counter by and of process Country		
Mille Mille Miller (heaver) Sa. It married, widowed, or diversed Beaution HUSBAID FOR DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Yasee Months Days If LESS than The PRINCHAL CAUSE OF DEATH and related causes of importance were as follows: Date of conset Were as follows: Date of conset Date of country On Date deceased last worked at this occupation month and year) SANTHL, BARK, etc. If It country (State or country) Manuel of operation. Date of injury. If J. Hoelkoan Days If J. Hoelkoan Days If J. Hoelkoan Days Accident, suicide, or homicide? Date of injury. Nature of injury in any way related to occupation of deceased? If so, appecify Nature of injury Nature of injury Nature of injury in any way related to occupation of deceased? If so, appecify Nature of injury Nature of injury in any way related to occupation of deceased? If so, appecify Nature of injury in any way related to occupation of deceased? If so, appecify Nature of injury Nature of injury in any way related to occupation of deceased? If so, appecify Nature of injury Nature o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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6. DATE OF BIRTH (month, day, and year) The Control of the date stated abova, all of the work of the principle of the work of the date stated abova, all of the work of the principle of the work of the work of the principle of the work of the work of the principle of the work as follows: 12. BIRTHPLACE (city or town) (State or country) 13. INAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Light above the work date the principle of the date stated abova, all of the work and the st	(or) WIFE of Revere Develo	
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Sind of work done, as SPINNER. SAWYER, BOKKEPER, etc. Solver, Bokkeper, etc.		was as fallows:
Described deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. BURIAL, CREMATION, DR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED. May 3, 1932 21. Total time (years) spent in this occupation Deter Coatributory Causes of importance: 11. Total time (years) spent in this occupation Deter Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) Name of operation. What test confirmed diagnosis? Was there an autopsy? 23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Natura of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Automatical Services M. D. (Address)	8. Trade, profession, or particular	
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17. INFDRMANT	(State or country)	What tast confirmed diagnosis? Was there an autopsy?
17. INFDRMANT	15. MAIDEN NAME DUSAU DUVI	23. if death was due to external causes (VIOLENCE) fill in also the following:
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Specify city or town, county and State) 17. INFDRMANT	S (State or country)	
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19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? if so, specify (Signed). (Address) (Address) (Address) (Address) (Address)	Place Cristical Country Date May 5 1934	
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20. FILED May 5, 1932 CEfcollins (Signed) Signed We for M. D. Registrar. (Address) Cras & Sala We M. D.		
Registrar. (Address)		X O) · P tron
Registrar. (Address)	20. FILED May) 1932 CEf Collins	
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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 6 1904	July 5,1927	Peritonitis	3 days ago
A TERRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	S Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY PHYSICIA	N

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DEATH

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a horpital ocinetitution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth?___ If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) 5a, If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) If LESS than 7. AGE to have occurred on the date stated above, at. Months Days 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Data deceased last worked at 11. Total time (years) spent in this can be this occupation (month and occupation ... 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diegnosis?______ Was there an eulopsy?. MOTHER 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury_______ 19 16. BIRTHPLACE (city or town) _ (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury Neture of injury 24. Was disease or Injury in any way related to occupation of daceased?... 19. UNDERTAKER (Address)

Registrar.

If so, specify ..

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
With the second second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S. No.

	PLACE	OF DEA	TH OD-			
	County A	mee	set			
Vill	age or City	Bris L NAME	fel Ma	Land.	F.D. Asba	re
	PERSON	IAL AND	STATIST	CAL PART	CULARS	1
38	Male	4 COLOR	or race	S SINGLE, MARRIED, WIDOWED OR DIVOR (Write the W	Marked pord)	,
6 D	ATE OF BIR	тн (7	AA	1	
			(Month)	(Day)	, 186 (Yes	4 ar)
7 A	GE	78 yrs	3	mos. 2	de. or m	hrs.
(b	a) Trade, pro articular kind b) General no usiness, or ex which employ	d of work ature of in- stablishmen	dustry t in	mes		
9 B	State or con	intry)	1	hd,		
PARENTS		ACE ER country)	iamie	Md.	Thead	T.
PAR	12 MAIDEN OF MOTE	IER Van	they a	met !	Telso.	4
	OF MOTE (State or	Country)		Med		
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15	FileMa	43	32 0	EC	ellins	_

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 270

St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEA	АТН
16 DATE OF DEATH More 18	1982
(Month) (Day)	(Year)
17 I HEREBY CERTIFY, That I attended to the state of the	he deceased from
that I last saw har alive on He 80.	, 1928
and that death occurred on the date stated above, a	t VIII
The CAUSE OF DEATH * was as follows:	
Contributory Contr	
Contributory Care Republication Secondary Clump Int Wflutturation) F yrs. (Signed) Carego Contlinence	
(Signed) Lange a Coulleman.	
*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal.	deaths from

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ____yrs._____mos.____ds.

Where was disease contracted, if not at place of death?______

20 UNDERTAKER SAM

1043 , 1932

d. f. Lawson C

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cool, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the er," etc., additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceshousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. person, irrespective of The duties of the material engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., sepsis, carbolie acid-probably smeide. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. "Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; Committee on Nomenclature of the chronic vacuum.
> nenhritis, etc. The contributory The n.ture of the injury, Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Resistrar.

(Address) __

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURDAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:	•	
Gallstones	May 1,1923	Gastroenteritis	1 year	
Other contributory causes of importance:	May 1,1923	Gastroenteritis	1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	CERTIFICATE OF DEATH
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County Somerse	Registration Dist. No.
Village or City Crisfield	No. Manual Manual Margaret Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	mosds. How long in U.S(if of foreign birth?yrsmosds.
2. FULL NAME Garland Murp	hy
(a) Residence: No. Tangain Na.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH may 17
5a. If merried, widowed, or divorced	(Menth) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, end yeer) White	I last sew www elive on May 17 1932; death is said
7. AGE Yeers Months Days If LESS ther	to heve occurred on the date stated above, of 7, 30 m.
about 23 - 1 day,	I THE EXINCITAL CAUSE OF DEATH SHE FEBRICA CAUSES OF IMPORTANCE
8. Trade, profession, or particular	were es follows: Date of onset
kind of work done, as SPINNER, Waterman	Intestinal Obstruction 15180
9. Industry or business in which work wes done, es SILK MILL. SAW MILL, BANK, etc	white of fine of the
10. Dete deceased lest worked et this occupation (month and 11. Total time (yeers) the spent in this occupation 10. 11.	of the state of the state of
1 1	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	algeadheren
	- from Jafer tames
13. NAME Welliam Murphy 14. BIRTHPLACE (city or town) Langels (Change of town)	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(Stele of Country)	Whet test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME hora B Crockell	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Nova B Crochell 16. BIRTHPLACE (city or town) Langer	Accident, suicide, or homicide? Dete of injury19
(Stete or country)	Where did injury occur?
7. INFORMANT William H Crockett	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)	
8. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Langer, Va, Date May, 20, 193	Neture of injury
19. UNDERTAKER John & Biadshiers	24. Wes disease or injury in any wey releted to occupation of deceased? No
(Address) (Crisfield md	If so, specify
20. FILED May 18, 1932 E Collins Registrar.	(Signed) M. D. (Address) Cashield Maryland
4	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis Paragram	3 days ago	
		3661 9 NDC		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Somerset	Registration Dist. No. 26 >
Village or City But Fernand	ND. St., Ward
Length of residence In city or town where deeth occurred Characteristics	ds. How long in U.S. If of foreign birth?yrs,mos,ds.
2. FULL NAME Louis Gerere	neeral
(a) Residence: No Pruse Come (A)	Prof. #2 Note.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale Ulaile Health	21. DATE OF DEATH Mey 29 5, 193 2 (Month) (Oay) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Celeie Muuray	22. hHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Cofril 6th 1866	I last saw h. i. M. flije on May 2.7 1. 193. 2.; death is sale
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
66 23 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trada, profession, or particular wind of work done, as SPINNER, Wallysman	Heffelmen
	Cherries Intersplief &
3 Industry or businass in which work was done, as SILK MILL, Ofster Congress SAW MILL, BANK, etc.	Xefheiles &
10. Date daceased last worked at 11. Total time (years)	Cacalilia
this occupation (month and year) spant (within all ly	
12. BIRTHPLACE (city or town) Lower Co	Other Contributory Causes of Importance: chaft Hereasting
(State or country) will.	January y Morento 12/3
13. NAME HENRY MILLER	
13. NAME Herry Musey 14. BIRTHPLACE (city or town)	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Conserve What have an autopsylve
15. MAIDEN NAME Vergingia Lyine	23. If daath was dua to axtarnal causes (VIOLENCE) fill in elso the following:
15 DIDTUDI ACT (situations)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
Roll M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injuly occurred in Industry, in nome, of in Poblic Place.
B. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Mit Vermen Date Mey 13 , 193	Nature of injury
Pula de Ila	
19. UNDERTAKER (Address) Pr. Charles 1 Pr. R. 2.	24. Was diseese or Injury in eny way related to occupation of decaased?
0 10-14	(Signed) The Bulley
20. FILED 194 - 1 . 1932 - Stoffer Or Holke	
Registrar.	(Addrass) // / Agge et 25 feb 0

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
8010			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1.	100	6	1	2 4
U	1)	()	1	2)

1. PLACE OF	DEATH				
CountyS	omerset			Registration Dist. No. 26	ζ
Village or City	Pocomoke (City R.F	.D.#1	NoSt.,	Ward
			(19	f death occurred in a hospital or institution, give its NAME instead of street and s. ds. How long in U.S. if of foreign birth?	
			yrs,	John Long III w. C. II VI 10101gii Dillining II	mvsus.
	Oscar Ov	ernolt		A. W	
(a) Residence:	No	(Usual place	of abode)	St., Ward. If nonresident give city or town ar	nd State
PERSONAL	AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex	White		RIED, WIOOWED, D (write the word)	21. DATE OF DEATH (May 23 (Month) (Oay)	, 193(Year)
a. If married, widowed, HUSBANO of	or divorced				
(or) WIFF of -	rene Over	holt		22. I HEREBY CERTIFY, That I attende	
5. DATE OF BIRTH (mor	oth day and year) No	w. 3rd. 1	865.	I last saw h. Air alive on Mary 23, 19 3	
. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 14145 Che. 7611	
66	6	20	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.1
8. Trade, profession	n, or particular done, as SPINNER,				Date of enset
SAWYER, BO	OKKEEPER, etc	Farm	er	Tuberevlosis of Lung	
work was do	ness in which ne, as SILK MILL, IANK, etc			J	
10. Oate deceased la		3 11. Total t	ime (years) 35		
year)		occ	upation	Other Cuntributory Causes of importance:	
12. BIRTHPLACE (city or		ria,		Other Cauribatory Causes of Importance.	
(State or country)		Ohi	0.		
	istian M.C				
	y or town) Westn			Name of operation Date of.	
(State or cou		nsylvan	1a.	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME	Emily J.E	sernard		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (cit	y or town)	Ohio.		Accident, suicide, or homicide?	, 19
				Where did injury occur? (Specify city or town, county and St	ate)
	ward Over omoke Cit		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC P	LACE.
8. BURIAL CREMATION		y , i stry le	inc.	Manner of Injury	
omeraset Co	ounty, Md,	Oate May	25th1932.	Nature of Injury	
9. UNDERTAKE	mon P	Xtore	uson	24. Was disease or Injury In any way related to occupation of deceased?	
16		ty Mary	land.	If so, specify	
O. FILEO May	25, 19 Dam	wel Do	att	(Signed) Glillankur	М. О.
			Registrar.	(Address) Cacamake Cely	und

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

	ADDITIONAL SPAC	E FOR FURINE	R STATEMENT	S BI PHISICIAN	
17.0					

BINDIN

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Gallstones	May 1,1923	Gastroenteritis	1 year

County Village or C	ity 1	To Crispal	No. Company Registration Dist. No. And No. Company Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NA (a) Residen	ME		osds. How long in U.S. If of foreign birth? yrs. mos. mos. St., Ward.
PERSON	AL AND STATIST	ICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 7	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 , 193 2 (Month) (Day) (Yea
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced		22. I HEREBY CERTIFY. That I attended deceased
6. DATE OF BIRTH 7. AGE Yes	month, day, and year) V	Days 193 2 19	
kind of v SAWYER 9. Industry or work was SAW MII 10. Dato deceas this occu	ssion, or particular ork done, as SPINNER, BOOKKEEPER, etc business in which t done, as SILK MILL, L, BANK, etc d last worked at pation (month and	11. Total time (years) spant in this occupation	were as follows: Date of Date of
12. BIRTIIPLACE (ci (State or cou		Julid	Other Castributary Causes of Importance:
13. NAME C 14. BIRTHPLACE (State or		ele vyork	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NA 16. BIRTHPLACE (State or	(city or town)	Real	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMAT	ION, OR REMOVAL	Date May 3 , 19.32	Manner of Injury
19. UNDERTAKER	oma brad	Van	24. Was disease or Injury In any way related to occupation of deceased? If so, specify

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Dale of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PLACE OF DEATH

RECORD

, WITH UNFADING INK-THIS IS A PER MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County & owlers	CERTIFICATE OF DEATH
Lo Loo MITELLE DO	Registration Dist. No. 265
Village or City Unsfield (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME /inginia E	South steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 - WIDOWED Wedger	16 DATE OF DEATH
011	Month) (Day) (Year 2
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I lest sow he alive on was 4 , 1902
7 AGE If LESS than	and that death occurred on the date stated above, atm,
6 9 yrsds. ormin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or 7 /	
The state of the s	mital slenasing
business, or establishment in	(Duration) Jyrs — nos — ds.
9 BIRTHPLACE	Contributory
Municipal	(Durstion)de.
FATHER GO Ellian	(Signed) M. D.
M II BIRTHPLACE	Trong 5 1957 (Address) Den Spill new
(State or country)	*State the Disease Causing Death, or, in deaths from Villent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother July	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos. ds. State yrs mos. ds.
(State or Country)	Where was disesse contracted, if not at plece of dea.h?
	Former or
· (Informant) Lesser Jumilier	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) leinfield MM	Confly Cem May 6, 1033
15 Filed My 5 1932 TECORINA	20 UNDERTAKER ADDRESS
	16 W. Seratoga St., Belto., Requesting V. S. No. 1.
	Village or City County (No

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process. To all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. Always qualify all (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Chronic valvular heart disease; etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W. S. No. 1.

BINDIN

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	- 1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

05621

1. PLACE OF DEATH	(46)
County Serverset	Registration Dist. No. 260
Village or City Princes acres	CLAKET #2 St. Ward
Langth of residence in city or town where death occurred Co. As O. Choo	death occurred in a horpital or institution, give its NAME instead of street and number)
() · D 14	ds. How long In U.S. If of foreign birth?dsds.
2. FULL NAME (g) ley deall	War with
(a) Residence: No. (Usual place of abode)	LSt., WISHOTE. The Monresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Femulo Colored OR DIVORCED (Carrie the word)	(Month) (Day) (Yeer)
5a. If merriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY That I attended decessed from 1932 to Mary 30 1932
6. DATE OF BIRTH (month, day, and yeer) Much 2 2 2 18 85	I last saw h. C. alive on Many 2 94 1932 deeth is said
7. AGE Years Months Deys If LESS than	to heva occurred on the dete steted abova, at 12 3 m.
47 2 28 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8 Trede profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, es SILK MILL.	of Sterruck to
Industry or business in which work was done, es SILK MILL, SLLL KELL, SLLL KE	7
11. Total time (years)	3
this occupation (month end spant in this occupation coupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME Levin Ledler	
14. BIRTHPLACE (city or town) — Decal:	Nama of operation Oate of
(State of Country)	What test confirmed diegnosis? Care Way there en autopsyl
15. MAIDEN NAME June Wilson	23. If death wes dua to external causes (VIDEENCE) fill In elso the following:
[16. BIRTHPLACE (city br town)	Accident, suicide, or homicide?Date of injury
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Carriest Fields	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE
(Address) And east decel Buttle 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Ander bully ast Date 6-1 1937	Nature of injury
TO HADDENTAKED 115 116 11 1	24. Was disease or Injury In eny way releted to occupetion of deceased?
19. UNDERTAKER COMMUNICATION CANADA	If so, specify
20. FILED JD1 1902 WSinish	(Signed) there of Miles lam. D.
Registrar.	(Address) Alicelle Clephe

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DURING V.W.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

LION

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		GSVISOSI	4
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF N	MARYLAND-	CERTIFICATE OF DEATH 05623
EATH		(31)
pierset		Registration Dist. No. 260
Truciss	ann	NoSt.,Ward
in city or town where death occ		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs, mos. ds.
S 1	1) Weter	45. How long in 4.5.11 of foligh units:
ourong	C. Wellow	
0	Jaual place of abode)	St., Ward. If nonresident give city or town and State
AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE 5. SIN	GLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Nute 9	DIVORCED (write the word)	(Month) (Day) (Yaar)
divorcad	1 -	(Month) (Day) (Yaar)
o. Marine U	Valson	22. HEREBY CERTIFY. That I attended deceased from
0-	5- 1800	1932, to 1932
n, day, and year)	20,1080	I last saw h A alive on 193 ; death Is said
Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
T	ormin.	were as follows: Oats of onset
or particular	I Arrector	Cl. Male la Bay Brance 3
KEEPER, etc.		Chame variable to
, as SILK MILL, NK, etc		(Bot) ottle
worked at (month and	11. Total time (years) spent in this	treated on many years
0 0	occupation	Other Contributory Causes of importance:
own) Trlan	-se	Stilly Country Castes of Hipportance.
	F 4-	
edford d. W	alson	
or town) Del	ware	Name of operation Date of
ry)		What tast confirmed diagnosis? Was there an autopsy?
1Dasha	neclabe	23. If death was due to external causes (VIDLENCE) fill in also the following:
or town) Del	eware	Accident, suicide, or homicide?Data of Injury, 19
(ry)		Whera did injury occur? (Specify eity or town, county and State)
2.0. Wal	son a	Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
Meners a	man Med	
OR REMOVAL	Man 2 -22	Manner of injury
Date	may 3 , 1932	Nature of injury
end + Ca	1	24. Was disease or injury in any way related to occupation of deceased?
stuf mange	y y	~ If so, specifys

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago:
BURDAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 3
			24.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1	the	10	o h	.2
0	1	10	6.	4
201	4	1/	-	

Village or City Transport of Particular St. Ward. St. St. St. St. St. St. St. St. St. St	County County		Registration Dist. No. 264
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWAD OR DIVORCEO (currier the word) OR DIVORCEO (currier t	Village or City Tangania		No. McCo. By Hongle St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS J. SEX A. COLOR OR RACE OR DIVORCED (curit the word) OR DIVORCED	2. FULL NAME	Gratto	
3. SEX 4. COLOR OR RACE OR DIVORCED Contrict the world Cord (World) So. If married, wildowed, or divorced HUSANDO (World) Graph (World) So. DATE OF BIRTH (month, day, and year) HUSANDO (World) S. DATE OF BIRTH (month, day, and year) Divorced (World) S. DATE OF BIRTH (Month, day, and year) Divorced (World) S. DATE OF BIRTH (Month, day, and year) Divorced (World) S. DATE OF BIRTH (Month, day, and year) Divorced (World) S. DATE OF BIRTH (Month, day, and year) Divorced (World) S. DATE OF BIRTH (Month, day, and year) Divorced (World) S. DATE OF BIRTH (Month, day, and year) Divorced (World) S. DATE OF BIRTH (Month, day, and year) Divorced (World) S. DATE OF BIRTH (Month, day	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
Trade, profession, or particular which was done, as SPINNER, SAW MILL, BANK, etc. 10. Date Of wish done, as SPINNER, SAW MILL, SAW MILL	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of Cor) WIFE of Currelium Clueb 5. DATE OF BIRTH (month, day, and year) Dissolute College 7. AGE Years Months Days If LESS than 1 day	0 0	OR DIVORCED (write the word)	193 A
1 last saw h alive on , 19. ; death is sa 7. AGE	HUSBAND of	lues	
To the very design of particular in the profession, or particular in do work done, as SPINNER, SAWYER, BOOKKEPER, etc. 1. Indicate of the deceased last worked at this occupation (Cistae or country) 1. BIRTHPLACE (city or town). 1. Is BIRTHPLACE (city or town). 2. Specify city or town, county and Share). 3. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 1. Manner of Injury. 1. Information. 1. Information. 1. Information. 1. Information. 1. Information. 1. Information. 2. Specify city or town, county and Share). 3. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 1. Information. 2. Information.	S DATE OF BIPTH (month day and year)	alie chula	
8. Trade, profession, or particular kind of work done as SPINEER. SAWYER, BOOKKEPPER, etc. 3. Industry or business in which was done, as SILK MILL, SAWHILL, BARK, etc. 10. Date decessed last worked at this occupation (month and month and mont		Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREWILLON, GR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. HORD AND AND AND AND AND AND AND AND AND AN	Mork was done, as SILK MILL, SAW MILL, BANK, etc.	_	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CRENATION, AR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed)	- 13 this occupation (month and	spent in this	
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 10. FILED 11. MAIDEN 12. INFORMANT 12. INFORMANT 13. Name of operation What test confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address)			
What test confirmed diagnosis? Was there an aulopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) (Address) Was there an aulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homiclde? Date of injury (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Address) (Address) (Signed) Manner of Injury In any way related to occupation of deceased? (Signed) Manner of Injury In any way related to occupation of deceased? (Signed) Manner of Injury In any way related to occupation of deceased? (Signed) Manner of Injury In any way related to occupation of deceased? (Signed) Manner of Injury In any way related to occupation of deceased? (Signed) Manner of Injury In any way related to occupation of deceased? (Signed)	1 1 1 1	to.	- (neuslino Of) Plicenta
15. MAIDEN NAME TILL. 16. BIRTHPLACE (city or town) First Accident, sulcide, or homicide? Date of injury, 19 17. INFORMANT OF MALLS (Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place Manner of Injury 19. UNDERTAKER (Address) First March Manner of Injury 19. UNDERTAKER (Address) The March Manner of Injury 19. UNDERTAKER (Address) The March Manner of Injury 20. FILED May 1, 19.32 The March Manner 21. If death was due to external causes (VIOLENCE) fill in also the following: 22. If death was due to external causes (VIOLENCE) fill in also the following: 23. If death was due to external causes (VIOLENCE) fill in also the following: 24. Cocident, sulcide, or homicide? Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury In any way related to occupation of deceased? (Address) The March March March Manner of Injury In any way related to occupation of deceased? (Signed) Specify (Signed) Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Signed) Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify city or town, county and State) Specify city or town, county and State) (Specify city o	14. BIRTHPLACE (city or town) (State or country)	2	
(Specify city or town, county and State) 17. INFORMANT Of Malls Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of Injury Place How mount Date May 181932 Nature of Injury 19. UNDERTAKER Of Manner of Injury (Address) How Manner of Injury In any way related to occupation of deceased? (Address) How Manner of Injury In any way related to occupation of deceased? (Address) How May 181932 If Explanation (Signed) Language Office Ameliana Manner of Injury Manner of Injury (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) How Manner of Injury Nature of Injury (Address) How Manner of Injury Nature of Injury (Signed) Language Office Ameliana Manner of Injury M. (Signed) Language Office Ameliana Manner of	15. MAIDEN NAME Juce Tue	el.	
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18. BURIAL, CREMATION, OR REMOVAL Place How mound Date May 81932 Nature of Injury 19. UNDERTAKER And Market 19. Under 19. Und			(Specify city or town, county and State)
19. UNDERTAKER John M. Wattrack 24. Was disease or Injury In any way related to occupation of deceased? (Address) Harry John II for so, specify 20. FILED May 17, 19.32 J. C. Diekung (Signed) Sange Ordelium M.	18. BURIAL, CREMATION, OR REMOVAL	Date May / 8/1932	>L
20, FILED May 17, 19.32 J. E. Diekinson (Signed) Longe Owelling M.	A UT	Wattrack	24. Was disease or Injury In any way related to occupation of deceased?
	7M3 17 34 4	E Dielens	9 - 2 (3) - 2 (2)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	BUNNEU V.S.	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	SEL & NIII	3 days ago
			MARA MARA	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Perilonitis	3 days ago	
	Other contributory causes of Propriance		
May 1,1923	Gastroenteritis 4 661	1 year	
OR FURTH	ER STATEMENTS BY PHYSICIAN	1	
		*	
		1	
	1915 1921 July 5, 1927 May 1, 1928	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes at importance. May 1, 1923 Gastroenteritis	